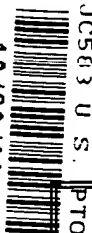


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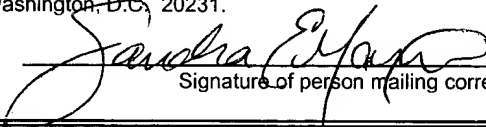
## Certificate of Mailing

Date of Deposit December 3, 1998Label Number: EE632489272US

I hereby certify under 37 CFR 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231.

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JC511 U.S. PTO

09/205658



12/03/98

## UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)

Attorney Docket Number

00786/351004

Applicant

Gary Ruvkun et al.

Title

THERAPEUTIC AND DIAGNOSTIC TOOLS FOR IMPAIRED  
GLUCOSE TOLERANCE CONDITIONS

## PRIORITY INFORMATION:

This application is a continuation-in-part of PCT/US98/10080, filed May 15, 1998, which is a continuation-in-part of U.S.S.N. 08/888,534, filed July 7, 1997, and U.S.S.N. 08/857,076, filed May 15, 1997.

## APPLICATION ELEMENTS:

Cover sheet

1 pages

Specification

217 pages

Claims

5 pages

Abstract

1 pages

Drawing

69 pages

Combined Declaration and POA, which is:

2 pages

☒ Unsigned;☐ Newly signed for this application;☐ A copy from prior application [**\*\*SERIAL NUMBER\*\***] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.

Statement Deleting Inventors

0 pages

Sequence Statement

0 pages

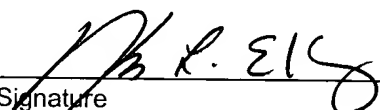
Sequence Listing on Paper

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Sequence Listing on Diskette

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09205658-120398

Small Entity Statement, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and such small entity status is still proper and desired.	0 pages
Preliminary Amendment	0 pages
IDS	0 pages
Form PTO 1449	0 pages
Cited References	0 pages
Recordation Form Cover Sheet and Assignment	0 pages
Assignee's Statement	0 pages
English Translation	0 pages
Certified Copy of Priority Document	0 pages
Return Receipt Postcard	1
<b>FILING FEES:</b>	
Basic Filing Fee: \$760/\$380	\$ 380.00
Excess Claims Fee: 35 - 20 x \$9/\$18	\$ 135.00
Excess Independent Claims Fee: 11 - 3 x \$78/\$39	\$ 312.00
Multiple Dependent Claims Fee: \$260/\$130	\$ 130.00
Total Fees:	\$ 957.00
<input checked="" type="checkbox"/> Enclosed is a check for \$957.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
<b>CORRESPONDENCE ADDRESS:</b>	
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 Signature	<u>3 December 1998</u> Date